Procurement of Dental Supplies for the College Clinic
Camarines Sur Polytechnic Colleges
Nabua, Camarines Sur

Request for Price Quotation

Date: **January 3, 2018**
Quotation No.: **RFQ-013-01-18**

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Please quote your lowest price on the item/s listed below, subject to the General conditions on the last page, starting the shortest time of delivery and submit your quotation duly signed by your representative not later than **January 10, 2018** ***5:00 pm*** in the return envelope attached herewith.

FERDINAND B. VALENCIA
BAC Chairman

Note:

1. All entries must be typewritten/handwritten.
2. Delivery period within **15 calendar days.**
3. Warranty shall be for a period of **3 months for supplies and 1 year for equipment** from date of acceptance by the College.
4. Posting of performance bond is required before delivery of the items/goods.
5. Price validity shall be for a period of 15 calendar days.
6. Payment shall be by check after **31,800.00 (inclusive of tax),**

ITEM NO.	ITEMS & DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
1	Anesthesia-Lidocaine-Epinephrine 20mg/10mg	50 pcs		
2	Clean/Examination Gloves (Latax)	12 box		
3	Needle (G 0.40x21mm) for Injection	600 pcs		
4	IRM Temporary Filling Material	6 pcs		
5	HS Burs (Straight Fissure)	12 pcs		
6	Disposable Bibs	24 packs		
7	Disposable Cups 50s	12 packs		
	Note: ***No partial delivery.*** ***Kindly submit the following:*** • ***Company profile*** • ***Mayors permit*** • ***Certification of PHILGEPS registration.*** • ***Income Business Tax Return*** • ***Omnibus Sworn Statement(for the winning bidder)*** *You can reach us at:* *Tel: 288-4421 local 103 & 113 Email:* *cspc.procurement@gmail.com Fax:288-4425* *Look for: Marites A. Bermal* *Admin. Officer IV - Procurement Officer designate*			

Brand & Model : _____
Delivery Period: _____
Warranty : _____
Price Validity : _____

After having carefully read and accepted your general conditions, I/We quote you on the item at prices noted above.

_____
Printed Name/Signature

_____
Tel. No./ Cellphone No./ E-mail Address

_____
Date